

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Northern District of Illinois				Voluntary Petition											
Name of Debtor (if individual, enter Last, First, Middle): Witt, Clyde D.			Name of Joint Debtor (Spouse) (Last, First, Middle): Witt, Xalita Ibardolasa												
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):												
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-8608			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-4946												
Street Address of Debtor (No. and Street, City, and State): 444 Central Ave., Unit #3 Wood Dale, IL <div style="text-align: right; font-size: small;">ZIP Code 60191</div>			Street Address of Joint Debtor (No. and Street, City, and State): 444 Central Ave., Unit #3 Wood Dale, IL <div style="text-align: right; font-size: small;">ZIP Code 60191</div>												
County of Residence or of the Principal Place of Business: DuPage			County of Residence or of the Principal Place of Business: DuPage												
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>												
Location of Principal Assets of Business Debtor (if different from street address above):															
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding											
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.											
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).												
Statistical/Administrative Information *** Linda G. Bal 6202830 *** <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				THIS SPACE IS FOR COURT USE ONLY											
Estimated Number of Creditors <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> 1-49</td><td><input type="checkbox"/> 50-99</td><td><input checked="" type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> OVER 100,000</td></tr></table>						<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999			<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000				
Estimated Assets <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input checked="" type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input checked="" type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>				<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Witt, Clyde D.**Witt, Xalita Ibardolasa****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

- None -

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Linda G. Bal**August 31, 2015**

Signature of Attorney for Debtor(s)

(Date)

Linda G. Bal 6202830**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐
- Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Witt, Clyde D.**Witt, Xalita Ibardolasa****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Clyde D. WittSignature of Debtor **Clyde D. Witt****X /s/ Xalita Ibardolasa Witt**Signature of Joint Debtor **Xalita Ibardolasa Witt**

Telephone Number (If not represented by attorney)

August 31, 2015

Date

Signature of Attorney***X /s/ Linda G. Bal**

Signature of Attorney for Debtor(s)

Linda G. Bal 6202830

Printed Name of Attorney for Debtor(s)

Linda Bal Law Inc.

Firm Name

**207 N. Walnut Street
Itasca, IL 60143**

Address

Email: LindaBal@att.net**630-285-0255 Fax: 866-285-0754**

Telephone Number

August 31, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Clyde D. Witt
Xalita Ibardolasa Witt**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

Page 2

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Clyde D. Witt

Clyde D. Witt

Date: August 31, 2015

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Clyde D. Witt
Xalita Ibardolasa Witt**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

Page 2

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Xalita Ibardolasa Witt
Xalita Ibardolasa Witt

Date: August 31, 2015

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court
Northern District of Illinois

In re **Clyde D. Witt,**
Xalita Ibardolasa Witt

Debtors

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	54,521.83		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		5,055.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	32		116,410.46	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			5,287.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			5,125.00
Total Number of Sheets of ALL Schedules		47			
Total Assets			54,521.83		
Total Liabilities				121,465.46	

United States Bankruptcy Court
Northern District of Illinois

In re **Clyde D. Witt,**
Xalita Ibardolasa Witt

Debtors

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	5,287.00
Average Expenses (from Schedule J, Line 22)	5,125.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	6,869.33

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		1,715.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		116,410.46
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		118,125.46

B6A (Official Form 6A) (12/07)

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash in wallet/purse Location: 444 Central Ave., Unit #3, Wood Dale IL 60191	J	10.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account ending in: 0493 Location: US Bank	J	191.73
		Savings account ending in: 9900 Location: US Bank	J	6.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Rental security deposit Location: J+J Properties, 954 N. York Rd. Elmhurst, IL 60126	J	1,300.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Ordinary household goods and furnishings Location: 444 Central Ave., Unit #3, Wood Dale IL 60191	J	900.00
		Includes: Sectional couch, 4-TVs (35", 27", 27" and 35" all 10+ yo), kitchen table and 5-chairs, 4-beds, 2-dressers, night stand, 2-desks, chair and stool, gliding chair.		
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Necessary wearing apparel Location: 444 Central Ave., Unit #3, Wood Dale IL 60191	J	100.00
7. Furs and jewelry.		Womans watch, womans gold wedding band, man's silver wedding band Location: 444 Central Ave., Unit #3, Wood Dale IL 60191	J	81.00

Sub-Total > **2,588.73**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
8. Firearms and sports, photographic, and other hobby equipment.		Video camera Location: 444 Central Ave., Unit #3, Wood Dale IL 60191	J	20.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Employer Pension Location: IBEW 134 c/o EIT Benefit Funds Note: Not eligible to withdraw until retirement age	H	46,206.10
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			

Sub-Total > **46,226.10**
(Total of this page)

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.		Anticipated Inheritance Location: Barbara Poruba, deceased. Note: Per letter from decedant for vacation that they planned to take.	J	1,000.00
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2005 Chevy Suburban Location: 444 Central Ave., Unit #3, Wood Dale IL 60191 Miles: 175,000	J	3,340.00
		2001 Chevy Impala Location: 444 Central Ave., Unit #3, Wood Dale IL 60191 Miles: 126,000	J	1,327.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			

Sub-Total > **5,667.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
28. Office equipment, furnishings, and supplies.		3-desktop computers, printer and accessories Location: 444 Central Ave., Unit #3, Wood Dale IL 60191	J	40.00
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **40.00**
(Total of this page)
Total > **54,521.83**

(Report also on Summary of Schedules)

Sheet **3** of **3** continuation sheets attached to the Schedule of Personal Property

B6C (Official Form 6C) (4/13)

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash on Hand			
Cash in wallet/purse Location: 444 Central Ave., Unit #3, Wood Dale IL 60191	735 ILCS 5/12-1001(b)	10.00	10.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Checking account ending in: 0493 Location: US Bank	735 ILCS 5/12-1001(b)	191.73	191.73
Savings account ending in: 9900 Location: US Bank	735 ILCS 5/12-1001(b)	6.00	6.00
Security Deposits with Utilities, Landlords, and Others			
Rental security deposit Location: J+J Properties, 954 N. York Rd. Elmhurst, IL 60126	735 ILCS 5/12-1001(b)	1,300.00	1,300.00
Household Goods and Furnishings			
Ordinary household goods and furnishings Location: 444 Central Ave., Unit #3, Wood Dale IL 60191	735 ILCS 5/12-1001(b)	900.00	900.00
Includes: Sectional couch, 4-TVs (35", 27", 27" and 35" all 10+ yo), kitchen table and 5-chairs, 4-beds, 2-dressers, night stand, 2-desks, chair and stool, gliding chair.			
Wearing Apparel			
Necessary wearing apparel Location: 444 Central Ave., Unit #3, Wood Dale IL 60191	735 ILCS 5/12-1001(a)	100.00	100.00
Furs and Jewelry			
Womans watch, womans gold wedding band, man's silver wedding band Location: 444 Central Ave., Unit #3, Wood Dale IL 60191	735 ILCS 5/12-1001(b)	81.00	81.00
Firearms and Sports, Photographic and Other Hobby Equipment			
Video camera Location: 444 Central Ave., Unit #3, Wood Dale IL 60191	735 ILCS 5/12-1001(b)	20.00	20.00
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
Employer Pension Location: IBEW 134 c/o EIT Benefit Funds	735 ILCS 5/12-1006	46,206.10	46,206.10

Note: Not eligible to withdraw until retirement age

B6C (Official Form 6C) (4/13) -- Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT
(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Contingent and Non-contingent Interests in Estate of a Decedent</u>			
<u>Anticipated Inheritance</u> Location: Barbara Poruba, deceased.	735 ILCS 5/12-1001(b)	1,000.00	1,000.00
Note: Per letter from decedant for vacation that they planned to take.			
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
<u>2001 Chevy Impala</u> Location: 444 Central Ave., Unit #3, Wood Dale IL 60191 Miles: 126,000	735 ILCS 5/12-1001(c)	1,327.00	1,327.00
<u>Office Equipment, Furnishings and Supplies</u>			
<u>3-desktop computers, printer and accessories</u> Location: 444 Central Ave., Unit #3, Wood Dale IL 60191	735 ILCS 5/12-1001(b)	40.00	40.00

B6D (Official Form 6D) (12/07)

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxxxx3467			Opened 3/01/12 Last Active 7/22/15 Automobile 2005 Chevy Suburban Location: 444 Central Ave., Unit #3, Wood Dale IL 60191 Miles: 175,000				5,055.00	1,715.00
ALLY FINANCIAL 200 RENAISSANCE CTR DETROIT, MI 48243		H	Value \$ 3,340.00					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							5,055.00	1,715.00
Total (Report on Summary of Schedules)							5,055.00	1,715.00

0 continuation sheets attached

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxx3392 A. Gwen Noble M.D. 39601 Treasury Center Chicago, IL 60694		J	medical bill			24.00
Account No. xxxx xxx-xx-8608 ADT Management PO Box 82 Itasca, IL 60143		J	Unpaid Rent - 377 Ash Ave., Wood Dale, IL 60191 - Elisandro D. Trejo			2,584.19
Account No. xxxxxx4652 AFNI PO BOX 3097 BLOOMINGTON, IL 61702		H	10 AT T			283.00
Account No. xxxx1173 Alexian Brothers Medical Center 22589 Network Place Chicago, IL 60673-1225		J	medical bill			1,320.00
Subtotal (Total of this page)						4,211.19

31 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 8558834159	J	collection Wells Fargo bank				242.00
Alliance One Receivables Management PO BOX 3100 Southeastern, PA 19398-3100						
Account No. xxxx7419	J	medical bill				15.00
Ann & Robert H.Lurie Children's Hospital of Chicago PO BOX 4066 Carol Stream, IL 60197-4066						
Account No. xxxx7486	J	medical bill				6.00
Associated Pathology Consultants P.O. Box 3680 Peoria, IL 61612-3680						
Account No. xxxx7419	J	medical bill				18.00
Associated Pathology Consultants P.O. Box 3680 Peoria, IL 61612-3680						
Account No. xxxx6085	J	medical bill				63.00
Associated Pathology Consultants P.O. Box 3680 Peoria, IL 61612-3680						
Sheet no. 1 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			344.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 291006986830	J	Overdrawn Account				397.58
Bank of America PO BOX 53181 Phoenix, AZ 85072-3181						
Account No. xxxx5374	J	Overdrawn Account				557.00
Bank of America PO Box 15019 Wilmington, DE 19886						
Account No. xxxx0343	J	Publication				12.00
Better Homes and Garden billing 1716 Locust St. Des Moines, IA 50309						
Account No. xxxxxxxxxxxx1621	J	Opened 2/01/08 Last Active 10/07/13 Credit Line Secured				813.00
BK OF AMER PO BOX 982235 EL PASO, TX 79998						
Account No. Claim #13-5F65-758	J	10-8-2014 Insurance Claim - Car accident State Farm Claim #13-5F65-758				Unknown
Brian Bushnell 10767 Santa Fe Trail Huntley, IL 60142						
Sheet no. <u>2</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,779.58

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxx9974	J	collection Children's BOMC				59.00
Bureau of Account Management PO BOX 8875 Camp Hill, PA 17001-8875						
Account No. 326869-QMRIG	J	collection McHenry Radiologists				17.00
Business Revenue Systems PO BOX 579 Burlington, IA 52601-0579						
Account No. xxxx2816	J	Collection Agency for Wood Dale Dist Library for Dependant				28.00
CAB Services PO BOX 2668 Joliet, IL 60434						
Account No. xxxxxxxx4494	J	Opened 6/01/14 Collection Attorney SPRINGLEAF FINANCIAL				1,660.00
Cach Llc/Square Two Financial ATTENTION: BANKRUPTCY 4340 SOUTH MONACO ST. 2ND FLOOR DENVER, CO 80237						
Account No. xxxxxxxx1084	H	Opened 1/01/15 Collection Attorney CAPITAL ONE BANK USA N.A.				845.00
Cach Llc/Square Two Financial ATTENTION: BANKRUPTCY 4340 SOUTH MONACO ST. 2ND FLOOR DENVER, CO 80237						
Sheet no. <u>3</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			2,609.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxx2414						Notice Only
First Step Group 6300 Shingle Creek Pkwy., Ste. 220 Brooklyn Center, MN 55430						
Account No. 199380659235						
Capital Management Services 698 1/2 S. Ogden St. Buffalo, NY 14206-2317		J				
Account No. xxxxxxxxxxxx0968						
Capital One ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY, UT 84130		W				
Account No. xxxx3690						
Carmax Auto Finance ATTN: BANKRUPTCY PO BOX 440609 KENNESAW, GA 30160		W				
Account No. xxxxxxxxxxxx0001						
Centegra Health System PO BOX 7701 Carol Stream, IL 60197		J				
Sheet no. <u>4</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						8,980.49

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 62000152067-0001	J	medical bill				176.00
Centegra Hospital--Woodstock P.O. Box 1990 Woodstock, IL 60098-1990						
Account No. xxxx8669	J	medical bill				120.00
Centegra Physician Care LLC PO BOX 187 Bedford Park, IL 60499-0187						
Account No. xxxx5231	J	collection Healthport				24.00
Chase Receivables 1247 Broadway Sonoma, CA 95476						
Account No. xxxx3480	J	medical bill				24,131.00
Children's Memorial Medical GR PO BOX 4254 Carol Stream, IL 60197-4254						
Account No. xxxxxx3758	J	MedicalBill				20.20
CIMPAR SC 1111 Superior St. Ste 104 Melrose Park, IL 60160						
Sheet no. 5 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			24,471.20

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C						
Account No. xxxxxxxxxxxx23758				Representing: CIMPAR SC				Notice Only
Medical Billing Solutions Services 335 Morganza Rd., Ste. 200 Canonsburg, PA 15301								
Account No. xxxx3962		J		collection Elmhurst Memorial Healthcare				185.00
Computer Credit Inc. Claim Dept. 003482 640 W. 4th St., PO Box 5238 Winston Salem, NC 27113-5238								
Account No. xxxx4241		J		collection Elmhurst Memorial Healthcare				18.00
Computer Credit Inc. Claim Dept. 003482 640 W. 4th St., PO Box 5238 Winston Salem, NC 27113-5238								
Account No. xxxx1078		J		collection Elmhurst Memorial Healthcare				308.00
Computer Credit Inc. Claim Dept. 003482 640 W. 4th St., PO Box 5238 Winston Salem, NC 27113-5238								
Account No. xxxx1409		J		collection Elmhurst Memorial Healthcare				99.00
Computer Credit Inc. Claim Dept. 003482 640 W. 4th St., PO Box 5238 Winston Salem, NC 27113-5238								
Sheet no. <u>6</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)			610.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxx0319	J	collection Elmhurst Memorial Healthcare				32.00
Computer Credit Inc. Claim Dept. 003482 640 W. 4th St., PO Box 5238 Winston Salem, NC 27113-5238						
Account No. xxxx7604	J	collection Elmhurst Memorial Healthcare				172.00
Computer Credit Inc. Claim Dept. 003482 640 W. 4th St., PO Box 5238 Winston Salem, NC 27113-5238						
Account No. xxxx4283	J	collection Elmhurst Memorial Healthcare				19.00
Computer Credit Inc. Claim Dept. 003482 640 W. 4th St., PO Box 5238 Winston Salem, NC 27113-5238						
Account No. xxxx4315	J	collection Elmhurst Memorial Healthcare				19.00
Computer Credit Inc. Claim Dept. 003482 640 W. 4th St., PO Box 5238 Winston Salem, NC 27113-5238						
Account No. xxxx5075	J	collection Elmhurst Memorial Healthcare				19.00
Computer Credit Inc. Claim Dept. 003482 640 W. 4th St., PO Box 5238 Winston Salem, NC 27113-5238						
Sheet no. <u>7</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						261.00
Subtotal (Total of this page)						261.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx4433 Computer Credit Inc. Claim Dept. 003482 640 W. 4th St., PO Box 5238 Winston Salem, NC 27113-5238	J	collection Elmhurst Memorial Healthcare				18.00
Account No. xxxx5075 Computer Credit Inc. Claim Dept. 003482 640 W. 4th St., PO Box 5238 Winston Salem, NC 27113-5238	J	collection Elmhurst Memorial Healthcare				19.00
Account No. xxxx1454 Computer Credit Inc. Claim Dept. 003482 640 W. 4th St., PO Box 5238 Winston Salem, NC 27113-5238	J	collection Elmhurst Memorial Healthcare				107.00
Account No. xxxx8458 Credit Collection Services Two Wells Avenue Newton, MA 02459	J	collection Elmhurst Hospital				928.00
Account No. xxxx4821 Credit Collection Services Two Wells Avenue Newton, MA 02459	J	collection Elmhurst Hospital				189.00
Sheet no. <u>8</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,261.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxx9119	J	collection Elmhurst Hospital				928.00
Credit Collection Services Two Wells Avenue Newton, MA 02459						
Account No. xxxx4355	J	collection Elmhurst Hospital				256.00
Credit Collection Services Two Wells Avenue Newton, MA 02459						
Account No. xxxx2941	J	collection McHenry County Orthopaedics				428.00
Dependon Collection Service P.O. Box 4833 Oak Brook, IL 60522-4833						
Account No. xxxx4526	J	collection US Cellular				846.00
Diversified Consultants PO BOX 551268 Jacksonville, FL 32255-1268						
Account No. xxxx4879	J	medical bill				11.00
Elmhurst Clinic div.of Elmhurst Memorial Healthcare 25847 Network Place Chicago, IL 60673-1258						
Sheet no. <u>9</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			2,469.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx2472 Elmhurst Clinic div.of Elmhurst Memorial Healthcare Dept. 4585 Carol Stream, IL 60122-4585	J	medical bill				3.00
Account No. xxxx6447 Elmhurst Clinic div.of Elmhurst Memorial Healthcare 25847 Network Place Chicago, IL 60673-1258	J	medical bill				25.00
Account No. xxxx5044 Elmhurst Emergency Med Svcs 1165 Paysphere Circle Chicago, IL 60674-0011	J	medical bill				22.00
Account No. xxxx3542 Elmhurst Emergency Med Svcs 1165 Paysphere Circle Chicago, IL 60674-0011	J	medical bill				16.00
Account No. xxxx9218 Elmhurst Emergency Med Svcs 1165 Paysphere Circle Chicago, IL 60674-0011	J	medical bill				22.00
Sheet no. 10 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 88.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx8368 Elmhurst Memorial Affiliated Primary d/b/a Primary Care Associates 25847 Network Place Chicago, IL 60673-1258	J	medical bill				61.00
Account No. xxxx2684 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052	J	medical bill				44.00
Account No. xxxx5832 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052	J	medical bill				50.00
Account No. xxxx1454 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052	J	medical bill				107.00
Account No. xxxx4433 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052	J	medical bill				18.00
Sheet no. 11 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						280.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxx3586	J	medical bill				31.00
Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052						
Account No. xxxx6469	J	medical bill				71.00
Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052						
Account No. xxxx6436	J	medical bill				14.00
Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052						
Account No. xxxx1262	J	medical bill				118.00
Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052						
Account No. xxxx6272	J	medical bill				47.00
Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052						
Sheet no. <u>12</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			281.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx0862	J	medical bill				29.00
Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052						
Account No. xxxx4996	J	medical bill				10.00
Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052						
Account No. xxxx2466	J	medical bill				360.00
Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052						
Account No. xxxx9762	J	medical bill				15.00
Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052						
Account No. xxxx5342	J	medical bill				13.00
Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052						
Sheet no. <u>13</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						427.00
Subtotal (Total of this page)						427.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx9074 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197	J	medical bill				Unknown
Account No. xxxxx6562 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197	J	medical bill				Unknown
Account No. xxxx9227 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197	J	medical bill				Unknown
Account No. xxxx8138 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197	J	medical bill				Unknown
Account No. xxxx9426 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197	J	medical bill				Unknown
Sheet no. <u>14</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						0.00
Subtotal (Total of this page)						0.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx0978 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197	J	medical bill				Unknown
Account No. xxxxx0604 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197	J	medical bill				Unknown
Account No. xxxx6455 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197	J	medical bill				Unknown
Account No. xxxx2684 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052	J	medical bill				44.00
Account No. xxxx1078 Elmhurst Memorial Hospital PO BOX 4052 Carol Stream, IL 60197-4052	J	medical bill				308.00
Sheet no. 15 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						352.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U E D I S S U E D I S S U E D	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxx1916	J	medical bill				258.00
Elmhurst Memorial Professional Svcs 25847 Network Place Chicago, IL 60673						
Account No. xxxx1916	J	medical bill				98.00
Elmhurst Memorial Professional Svcs 25847 Network Place Chicago, IL 60673						
Account No. xxxx2962	J	medical bill				23.00
Elmhurst Memorial Professional Svcs 25847 Network Place Chicago, IL 60673						
Account No. xxxx1916	J	medical bill				25.00
Elmhurst Memorial Professional Svcs 25847 Network Place Chicago, IL 60673						
Account No. xxxx6015	J	medical bill				9.00
Elmhurst Radiologists, SC P.O. Box 1035 Bedford Park, IL 60499						
Subtotal (Total of this page)						413.00

Sheet no. 16 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx0077 ER Solutions, Inc. P.O. Box 9004 Renton, WA 98057		J	collection Commonwealth Edison				299.00
Account No. xxxx8970 First Energy Solutions PO BOX 3622 Akron, OH 44309		J	Utility				15.00
Account No. xxxx4495 First National Collection Bureau PO BOX 51660 Sparks, NV 89435		J	collection AT&T				232.00
Account No. xxxxxxxxxxxx8983 FIRST PREMIER BANK 601 S MINNESOTA AVE SIOUX FALLS, SD 57104		W	Opened 4/01/02 Last Active 3/01/13 Credit Card				592.00
Account No. xxxx2485 Global Credit & Collection Corp. 5440 N. Cumberland Ave., Ste. 300 Chicago, IL 60656		J	collection QVC				205.00
Sheet no. <u>17</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,343.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. xxxxx1499		W	Opened 10/01/13 Collection Attorney STREAMWOOD BEHAVIORAL HLTH SYS			620.00	
GRANT & WEBER ATTN: BANKRUPTCY 26575 W. AGOURA RD. CALABASAS, CA 91302							
Account No. xxx8112		W	Opened 2/01/15 Collection Attorney CENTEGRA HOSPITAL- WOODSTOCK			177.00	
H & R ACCOUNTS INC ATTENTION: BANKRUPTCY PO BOX 672 MOLINE, IL 61265							
Account No. xxxx3899		J	collection Centegra Hospital-W			617.00	
H&R Accounts, Inc. 7017 John Deere Pkwy. PO BOX 672 Moline, IL 61266-0672							
Account No. xxxx6964		J	collection Centegra Primary Care			69.00	
Harris & Harris 111 W. Jackson Blvd., Ste.400 Chicago, IL 60604-4135							
Account No. xxxx3732		J	collection Rockford Memorial Ho			56.00	
HealthPort PO BOX 409900 Atlanta, GA 30384							
Sheet no. <u>18</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,539.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx1806 HRRG PO BOX 5406 Cincinnati, OH 45273-7942	J	collection Physician Services				15.00
Account No. xxxx6638 ICS P.O. Box 1010 Tinley Park, IL 60477-9110	J	collection Pediatric Faculty Foundation				60.00
Account No. xxxx3834 ICS P.O. Box 1010 Tinley Park, IL 60477-9110	J	collection Cmmg Medical Specialists				1,000.00
Account No. xxxx9380 ICS P.O. Box 1010 Tinley Park, IL 60477-9110	J	collection Pediatric Faculty Foundation				38.00
Account No. xxxx3643 ICS P.O. Box 1010 Tinley Park, IL 60477-9110	J	collection Pediatric Faculty Foundation				60.00
Sheet no. 19 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,173.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx8291 ICS P.O. Box 1010 Tinley Park, IL 60477-9110	J	collection Cmmg Medical Specialists				500.00
Account No. xxxx6287 ICS P.O. Box 1010 Tinley Park, IL 60477-9110	J	collection Advocate Medical Group				191.00
Account No. xxxx7726 Illinois Spine Institute 1990 E. Algonquin Rd. Ste. 160 Schaumburg, IL 60173	J	medical bill				150.00
Account No. xxxx4523 Illinois State University Attn: Student Accounts Campus Box 1210 Normal, IL 61790-1210	J	Tuition, Books, Lab Fees				2,857.00
Account No. xxxx 410I INTEGRITY SOLUTION SVC PO Box 1850 Saint Charles, MO 63302	J	collection First Premier Bank				592.00
Sheet no. 20 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,290.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 14 SC 3181	J	CollectionAttorney for CACH, LLC				Unknown
John C. Bonewicz 350 N. Orleans St., Ste.300 Chicago, IL 60654						
Account No. xxxx6830	J	collection Bank of America				397.00
LTD Financial Services, L.P. 7322 Southwest Freeway, Ste. 1600 Houston, TX 77074-2053						
Account No. xxxx4283	J	collection Elmhurst Hospital				19.00
Malcolm Gerald & Assoc. 332 S. Michigan Ave., Ste. 600 Chicago, IL 60604						
Account No. xxxx1454	J	collection Elmhurst Memorial Healthcare				107.00
Malcolm Gerald & Assoc. 332 S. Michigan Ave., Ste. 600 Chicago, IL 60604						
Account No. xxxx8138	J	collection Elmhurst Memorial Healthcare				71.00
Malcolm Gerald & Assoc. 332 S. Michigan Ave., Ste. 600 Chicago, IL 60604						
Sheet no. 21 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			594.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx2684	J	collection Elmhurst Memorial Healthcare				44.00
Malcolm Gerald & Assoc. 332 S. Michigan Ave., Ste. 600 Chicago, IL 60604						
Account No. xxxx4988	J	collection Elmhurst Memorial Healthcare				11.00
Medical Recovery Specialists, Inc. 2250 E. Devon Ave., Ste. 352 Des Plaines, IL 60018						
Account No. xxxx1801	J	collection Elmhurst Memorial Healthcare				125.00
Medical Recovery Specialists, Inc. 2250 E. Devon Ave., Ste. 352 Des Plaines, IL 60018						
Account No. xxxx1975, 4395, 6847,6920	J	collection Elmhurst Memorial Healthcare				331.00
Medical Recovery Specialists, Inc. 2250 E. Devon Ave., Ste. 352 Des Plaines, IL 60018						
Account No. xxxx8564	J	collection Elmhurst Memorial Healthcare				936.00
Medical Recovery Specialists, Inc. 2250 E. Devon Ave., Ste. 352 Des Plaines, IL 60018						
Sheet no. <u>22</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,447.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxx7167	J	collection Elmhurst Memorial Healthcare				188.00
Medical Recovery Specialists, Inc. 2250 E. Devon Ave., Ste. 352 Des Plaines, IL 60018						
Account No. xxxx1B00	J	collection Bank of America				813.00
Mercantile Adjustment Bureau P.O. Box 9055 Williamsville, NY 14231-9055						
Account No. xxxx815G	J	medical bill				27.00
Midwest Diagnostic Pathology 75 Remittance Dr., Ste. 3070 Chicago, IL 60675-3070						
Account No. xxxx6069	J	collection Elmhurst Clinic				381.00
MiraMed Revenue Group Dept. 77304 P.O. Box 77000 Detroit, MI 48277-0304						
Account No. xxxx3321	J	collection Elmhurst Memorial Professional Services				568.00
MiraMed Revenue Group Dept. 77304 P.O. Box 77000 Detroit, MI 48277-0304						
Sheet no. <u>23</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,977.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxx6066	J	collection Elmhurst Clinic				423.00
MiraMed Revenue Group Dept. 77304 P.O. Box 77000 Detroit, MI 48277-0304						
Account No. xxxx5919	J	collection Elmhurst Clinic				173.00
MiraMed Revenue Group Dept. 77304 P.O. Box 77000 Detroit, MI 48277-0304						
Account No. xxxx1880	J	collection Children's Memorial Hospital				227.00
NCO Financial Systems 3005 Grape Rd., Ste. A Mishawaka, IN 46545						
Account No. xxxxl424	J	collection Nicor Gas				421.00
NCO Financial Systems 507 Prudential Rd. Horsham, PA 19044						
Account No. xxxx8394	J	collection Children's Memorial Hospitala				381.00
NCO Financial Systems 30600 Telegraph Rd., Ste. 4235 Bingham Farms, MI 48025						
Sheet no. <u>24</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,625.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx8997 North Shore Agency-ND4 PO BOX 9205 Old Bethpage, NY 11804-9005	J	collection Disney Movie Club				39.00
Account No. xxxx2715 Northland Group Inc. PO BOX 390846 Minneapolis, MN 55439	J	collection Capital One Bank				725.00
Account No. xxxx4314 Northland Group Inc. PO BOX 390846 Minneapolis, MN 55439	J	collection LVNV Funding				839.00
Account No. xxxx9337 Pediatric Critical Care Specialists PO BOX 2698 Carol Stream, IL 60132	J	medical bill				79.00
Account No. xxxx3453 Pellettieri 991 OAK CREEK DR LOMBARD, IL 60148	H	MED1 02 ELMHURST CLINIC				83.00
Sheet no. 25 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,765.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. xxxx3456		W	MED1 02 ELMHURST CLINIC				64.00	
Pellettieri 991 OAK CREEK DR LOMBARD, IL 60148								
Account No. xxxx9916		W	MED1 02 ELMHURST CLINIC				62.00	
Pellettieri 991 OAK CREEK DR LOMBARD, IL 60148								
Account No. xxxx3445		W	MED1 02 ELMHURST CLINIC				60.00	
Pellettieri 991 OAK CREEK DR LOMBARD, IL 60148								
Account No. xxxx5913		W	MED1 02 ELMHURST MEM PRO SERVICES				56.00	
Pellettieri 991 OAK CREEK DR LOMBARD, IL 60148								
Account No. xxxx7762		W	MED1 02 ELMHURST CLINIC				55.00	
Pellettieri 991 OAK CREEK DR LOMBARD, IL 60148								
Sheet no. <u>26</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	297.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx0581 Pellettieri 991 OAK CREEK DR LOMBARD, IL 60148		H	MED1 02 ELMHURST CLINIC				54.00
Account No. xxxxxxxxxxxx4409 PORTFOLIO RECOVERY ASS 287 INDEPENDENCE VIRGINIA BEACH, VA 23462		H	Opened 11/01/14 Factoring Company Account CAPITAL ONE BANK USA N.A.				852.00
Account No. xxxx4409 ARS PO BOX 469046 Escondido, CA 92046-9046			Representing: PORTFOLIO RECOVERY ASS				Notice Only
Account No. xxxx5388 RLT Neurologic Assoc. Dept. 2010 PO BOX 87916 Carol Stream, IL 60188-7916		J	medical bill				60.00
Account No. xxxx5567 RMCB PO BOX 1235 Elmsford, NY 10523-0935		J	collection Cooking Club of America				29.00
Sheet no. 27 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 995.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx3995 Rosecrance Inc. PO BOX 71662 Chicago, IL 60694-1662	J	MedicalBill				174.00
Account No. Claim #13-5F65-758 Samantha Gloway 130 Sixth Ave. Marengo, IL 60152	J	10-8-2014 Insurance Claim - Car accident State Farm Claim #13-5F65-758				Unknown
Account No. xx-xxx5-758 State Farm Attn: Claims PO BOX 680001 Dallas, TX 75368-0001	W	Insurance Claim - Samantha Glowaty				Unknown
Account No. xxxx4932 STELLAR RECOVERY INC 1327 HIGHWAY 2 WES KALISPELL, MT 59901	H	Opened 7/01/15 Collection Attorney COMCAST				516.00
Account No. xxx1238 STELLAR RECOVERY INC 1327 HIGHWAY 2 WES KALISPELL, MT 59901	W	Opened 6/01/12 Collection Attorney COMCAST				346.00
Sheet no. 28 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,036.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx8309 Superior Air Ground Amb Serv PO BOX 1407 Elmhurst, IL 60126	J	MedicalBill				1,150.00
Account No. xxxx6476 Superior Air Ground Amb Serv PO BOX 1407 Elmhurst, IL 60126	J	MedicalBill				232.00
Account No. xxxx6036 The CBE Group Inc. Payment Processing Ctr. PO BOX 2337 Waterloo, IA 50704-2337	J	collection ComEd				308.00
Account No. xxxx0968 The CBE Group Inc. Payment Processing Ctr. PO BOX 480 Waterloo, IA 50704-0480	J	collection Capital One				1,037.00
Account No. xxxx0272 United Collection Bureau 5620 Southwyck Blvd. Suite 206 Toledo, OH 43614	J	collection Elmhurst Memorial Hospital				14.00
Sheet no. 29 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,741.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx9614	J	collection Elmhurst Mem. Hosp.				15.00
United Collection Bureau 5620 Southwyck Blvd. Suite 206 Toledo, OH 43614						
Account No. xxxx6838	J	collection Elmhurst Mem. Hosp.				118.00
United Collection Bureau 5620 Southwyck Blvd. Suite 206 Toledo, OH 43614						
Account No. xxxx6436	J	collection Elmhurst Mem. Hosp.				14.00
United Collection Bureau 5620 Southwyck Blvd. Suite 206 Toledo, OH 43614						
Account No. xxxx1262	J	collection Elmhurst Memorial Hosp.				118.00
United Collection Bureau 5620 Southwyck Blvd. Suite 206 Toledo, OH 43614						
Account No. xxxx8564	J	collection Emhurst Mem. Hosp.				93.00
United Collection Bureau 5620 Southwyck Blvd. Suite 206 Toledo, OH 43614						
Sheet no. <u>30</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			358.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx3476 United Recovery Service 18525 Torrence Ave., Ste. C6 Lansing, IL 60438	J	collection Superior Ambulance				1,150.00
Account No. xxxx5445 Van Ru P.O. Box 1366 Des Plaines, IL 60017	J	collection Elmhurst Memorial Hospital				19.00
Account No. xxxx8112 Van Ru Credit Corp. P.O. Box 1366 Des Plaines, IL 60017	J	collection Elmhurst Mem. Hosp.				19.00
Account No. xxxx1612 Windham Professionals PO BOX 1048 Salem, NH 03079-1048	J	collection QVC				205.00
Account No. xxxx xxx-xx-4946 Xavier Hernandez 216 Frederick Place Wood Dale, IL 60191	W	Personal Loan				45,000.00
Sheet no. 31 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 46,393.00
(Report on Summary of Schedules)						Total 116,410.46

In re

Clyde D. Witt,
Xalita Ibardolasa Witt

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
J+J Properties 954 N. York Rd Elmhurst, IL 60126	Residential rental Debtor is tenant

B6H (Official Form 6H) (12/07)

In re **Clyde D. Witt,
Xalita Ibardolasa Witt**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1 Clyde D. Witt

Debtor 2 Xalita Ibardolasa Witt
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
- ☐ Not employed

Electrician

ProArc Electric

1229 E. Algonquin Rd
Arlington Heights, IL 60005

How long employed there?

3 years

Debtor 2 or non-filing spouse

- ☐ Employed
- ☒ Not employed

Home Maker/Disabled

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 6,869.00	\$ 0.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 6,869.00	\$ 0.00

Debtor 1 **Clyde D. Witt**
 Debtor 2 **Xalita Ibardolasa Witt**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 6,869.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,416.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 166.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,582.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 5,287.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 5,287.00 + \$ 0.00	= \$ 5,287.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies	12. \$	5,287.00
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Combined monthly income

Fill in this information to identify your case:

Debtor 1 Clyde D. Witt

Debtor 2 Xalita Ibardolasa Witt
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

4

- ☐ No
- ☒ Yes

Daughter

17

- ☐ No
- ☒ Yes

Daughter

17

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,300.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 26.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 95.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Clyde D. Witt**
 Debtor 2 **Xalita Ibardolasa Witt**

Case number (if known) _____

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	240.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	495.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	1,195.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	410.00
10. Personal care products and services	10. \$	115.00
11. Medical and dental expenses	11. \$	495.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	435.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	225.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	94.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		
	18. \$	0.00
19. Other payments you make to support others who do not live with you.		
	\$	0.00
Specify: _____		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: _____	21. +\$	0.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$	5,125.00
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	5,287.00
23b. Copy your monthly expenses from line 22 above.	23b. -\$	5,125.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	162.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.		
Explain: _____		

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Clyde D. Witt
Xalita Ibardolasa Witt**

Debtor(s)

Case No.

Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **49** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **August 31, 2015**

Signature **/s/ Clyde D. Witt**
Clyde D. Witt
Debtor

Date **August 31, 2015**

Signature **/s/ Xalita Ibardolasa Witt**
Xalita Ibardolasa Witt
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Clyde D. Witt
Xalita Ibardolasa Witt**

Debtor(s)

Case No.
Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$49,180.00	2015 YTD: Husband ProArc Electric
\$82,208.00	2014: Husband ProArc Electric
\$118,028.00	2013: Both Employment Income

2. Income other than from employment or operation of business

None
☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$3,983.00	2014: Wife Unemployment

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AMOUNT
\$2,045.00SOURCE
2013: Wife Unemployment**3. Payments to creditors**

None

Complete a. or b., as appropriate, and c.

■

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITORDATES OF
PAYMENTS

AMOUNT PAID

AMOUNT STILL
OWING

None

■

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERSAMOUNT
PAID OR
VALUE OF
TRANSFERSAMOUNT STILL
OWING

None

■

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL
OWING**4. Suits and administrative proceedings, executions, garnishments and attachments**

None

□

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBERNATURE OF
PROCEEDING
SMALL CLAIMSCOURT OR AGENCY
AND LOCATION
**Circuit Court of the Twenty-Second
Judicial Circuit
McHenry County, IL**STATUS OR
DISPOSITION
Dismissed

**Cach Llc/Square Two Financial, Plaintiff
vs.
Clyde D. Witt & Xalita Ibardolasa Witt,
Defendants
Case 2014 SC 3191**

None

■

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF
PROPERTY

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

None

☐

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Caf/Carmax Auto Finance ATTN: BANKRUPTCY PO BOX 440609 KENNESAW, GA 30160	12/2014	Automobile Repossession 2005 Chevrolet Trailblazer EXT Value: \$7,755.22

6. Assignments and receiverships

None

☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None

☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None

☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None

☒

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
--------------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

None

☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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B7 (Official Form 7) (04/13)

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NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Linda Bal Law Inc. 207 N. Walnut Street Itasca, IL 60143	8/20/15	\$1,200.00 for legal services.
Linda Bal Law Inc. 207 N. Walnut Street Itasca, IL 60143	8/20/2015	\$50.00 for credit report.
Credit Card Management Services Inc aka DebtHelper.com 4611 Okeechobee Blvd. #114 West Palm Beach, FL 33417	8/17/2015	\$24.00 for credit counseling class.

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
US Bank PO Box 5227 Cincinnati, OH 45202	Two checking accounts ending in 9235 Negative final balances	Accounts closed by bank due to NSF

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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B7 (Official Form 7) (04/13)

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13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
1018 Darlington Lane Crystal Lake, IL 60014	Clyde D. Witt Xalita Ibardolasa Witt	2013 to 2015
377 N. Ash St. Wood Dale, IL 60191	Clyde D. Witt Xalita Ibardolasa Witt	2011 to 2013

16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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B7 (Official Form 7) (04/13)

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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF
GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18 . Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date <u>August 31, 2015</u>	Signature <u>/s/ Clyde D. Witt</u> Clyde D. Witt Debtor
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Date <u>August 31, 2015</u>	Signature <u>/s/ Xalita Ibardolasa Witt</u> Xalita Ibardolasa Witt Joint Debtor
-----------------------------	---

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Clyde D. Witt
Xalita Ibardolasa Witt**

Debtor(s)

Case No.

Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: ALLY FINANCIAL	Describe Property Securing Debt: 2005 Chevy Suburban Location: 444 Central Ave., Unit #3, Wood Dale IL 60191 Miles: 175,000
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: J+J Properties	Describe Leased Property: Residential rental Debtor is tenant	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **August 31, 2015**

Signature **/s/ Clyde D. Witt**
Clyde D. Witt
Debtor

Date **August 31, 2015**

Signature **/s/ Xalita Ibardolasa Witt**
Xalita Ibardolasa Witt
Joint Debtor

United States Bankruptcy Court
Northern District of Illinois

In re **Clyde D. Witt**
Xalita Ibardolasa Witt

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	1,200.00
Prior to the filing of this statement I have received	\$	1,200.00
Balance Due	\$	0.00

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **August 31, 2015**

/s/ Linda G. Bal
Linda G. Bal 6202830
Linda Bal Law Inc.
207 N. Walnut Street
Itasca, IL 60143
630-285-0255 Fax: 866-285-0754
LindaBal@att.net

LINDA G. BAL
ATTORNEY AT LAW, MBA
Linda Bal Law Inc.
207 North Walnut Street • Itasca, Illinois 60143
630.285.0255 • Fax: 866.300.1077
Email: LindaBal@att.net

Bankruptcy Retainer Agreement

Du Page

**OUR LAW FIRM IS A DEBT RELIEF AGENCY. WE HELP PEOPLE FILE FOR
BANKRUPTCY RELIEF UNDER THE US BANKRUPTCY CODE.**

In consideration for services to be rendered to undersigned Client(s),

CLYDE D. WITT + KALITA WITT

("Client")

retain Attorney, Linda G. Bal, ("Attorney"), in connection with representing Client regarding bankruptcy matters, Client, jointly and severally agrees to the following:

\$1200

335

50

\$1585

<250>

1335

1. The Flat Fee of \$ 1200.00 for Legal Fees is required to be paid for representation of Client in Chapter 7 Bankruptcy Case. In the event that Client elects not to proceed with the bankruptcy filing, the Law office of Linda Bal Law Inc. will retain Three hundred dollars (\$300.00) of the initial retainer fee for administrative expenses plus earned fees, including legal fees billed at \$200.00 per hour and paralegal time billed at \$100.00 per hour, and refund any unearned balance.

*Down Payment
4-22-15*

Paid cash to Bal 4-22-15

2. An additional \$335.00, payable to Attorney Linda Bal, for the Court Filing Fee of the Bankruptcy Petition.

Balance Due

3. An additional \$50.00 fee, payable to Attorney Linda Bal, for the Tri-Pull Credit Report, which will be used to assist our office in determining Client's credit card debt and Client's debt in collection.

4. An additional \$38.00 fee, payable to the Credit Counseling Class Company, for two Required Credit Counseling Courses (\$24.00 for first class and \$14.00 for second class - if taken on internet). This fee is to be paid directly to the Credit Counseling Course Company.

4. Client understands that Attorney will not do any work on client's file until Legal Fee (line 1), Court Filing Fee (line 2) and Credit Report Fee (line 3) are paid in full.

\$1335

900

\$435

L Bal

8-12-15

*Bal Due
8-12-15*

*Cash pl
8-13-15*

Bal Due

5. Client understands that the Bankruptcy Petition will be prepared for Client's review and signing within twenty one days (21) days after all the following are submitted to our office: (a) Legal Fee, (b) Court Filing Fee, (c) Credit Report Fee, (d) Client has submitted copies of all required documents and (e) Client has taken the first Bankruptcy Credit Counseling Class.
6. Once the Bankruptcy Petition is signed by the Client and filed with the Court, additional bills can be added to the Bankruptcy Petition through an Amendment for a fee of One Hundred Fifty Dollars (\$150.00) per Amendment. This fee must be received prior to filing the Amendment. Amendments can be filed with the Court up until the date of Final Discharge.
7. Client understands that if any check given in payment to Attorney is returned for insufficient funds, Client agrees to immediately pay Attorney a Forty Dollar (\$40.00) NSF check fee in addition to the amount of the returned check. This payment and any future payments must therefore be made in cash, certified check or money order.
8. Attorney reserves the right to withdraw from Client representation at any time, if among other things, Client fails to honor the terms of this Agreement, including non-payment of Attorney and court filing fees; Client fails to cooperate or follow advice on a material matter, or if any fact or circumstance arises or is discovered that would render continuing representation unlawful or unethical. Client is aware of an ethical requirement imposed upon all Attorneys in the State of Illinois and Attorney is an officer of the court. If a Client, in the course of representation by an Attorney, perpetrates a fraud upon any person or tribunal, the Attorney is obligated to call upon the Client to rectify the same. If the Client refuses or is unable to do so, the Attorney is required to reveal the fraud to the affected person or tribunal.
9. Since the outcome of negotiations and litigation is subject to factors which cannot always be foreseen, Client acknowledges and understands that Attorney has made no promises or guarantees to Client concerning the outcome and is unable do so. Nothing in this Bankruptcy Retainer Agreement shall be construed as such a promise or guarantee.
10. Client agrees that Attorney may discard Client records within three (3) years of the completion of the Client's bankruptcy case.
11. Attorney shall provide Client with the following services:
 - a. Review and analyze Clients financial circumstances based on information provided by Client.

- b. If possible and to the extent possible, based on the information provided by Client, advise Client of the Clients options, including but not limited to bankruptcy options.
 - c. Inform Client what information Client needs to provide Attorney in order to allow Attorney to provide appropriate advice and option information, in the event such information Client provided is insufficient.
 - d. Advise Client of the appropriate requirements in connection with the filing of a Chapter 7 or Chapter 13 bankruptcy, including the duties of Client connected with such filing.
 - e. Assuming that a U.S. Bankruptcy proceeding is filed, Attorney services will include all typical Attorney required participation in such proceeding. Attorney Bal or one of her Associate Attorneys will attend the Meeting with the Trustee, 341 Meeting.
 - f. If Client's proceeding requires additional, but not customary work, Attorney will inform Client directly, and enter into a separate written contract for such services to fully apprise Client of the fees, payment requirements, and expected services to be provided.
12. Client acknowledges his/her obligation to make full and complete disclosure of all assets and all liabilities, and to provide all documents and information requested by the Attorney, before the bankruptcy petition can be prepared and filed with the court.
13. Client acknowledges that he/she must take two Credit Counseling Classes. The Pre-Petition Class must be taken before the Bankruptcy is filed. The Post-Petition Class must be taken after the Bankruptcy is filed and client has been assigned Bankruptcy Case Number. **Client acknowledges that their Bankruptcy cannot be finalized unless both Credit Counseling Classes are taken.**
14. Client acknowledges that Attorney does not represent Client in any other type of case, lawsuit or proceeding other than Clients Bankruptcy case.
15. Client acknowledges that only copies of documents are to be submitted to Attorney. No documents submitted to Attorney will be returned to Client.
16. **Client acknowledges that the Attorney will not research creditor information, including addresses, account numbers, or balances. The Client must provide this information to the Attorney in writing. Failure to do so may result in unscheduled debts subject to non-dischargeability.**

17. **Client agrees that the following matters are not included within the scope of this Flat Fee Bankruptcy Retainer Agreement.** Client agrees that, as to the matters listed below, the Attorney will not take any action on Clients behalf, without a written request and/or a separate Retainer Agreement and possibly an additional retainer:
- a. **Preparing Reaffirmation Agreements**, negotiating the terms of reaffirmation agreements proposed by creditors, motions to redeem personal property, and negotiating reaffirmation agreements when Clients income is not sufficient to rebut the presumption of undue hardship and special circumstances do not warrant the signing of a reaffirmation agreement.
 - b. **Removal of bank account freezes.**
 - c. **Removal of wage garnishments.**
 - d. **Getting creditors who have been discharged in their Bankruptcy to stop calling.**
 - e. Correcting Credit Reports.
 - f. Obtaining title reports.
 - g. Removal of a pending action in another court. Motion to impose or extend the bankruptcy stay.
 - h. The determination of real estate or tax liens.
 - i. **Motions to Discuss Clients bankruptcy case filed by the Trustee, U.S. Trustee, or any creditor.**
 - j. **Any Adversary Proceeding** filed by the Trustee, U.S. Trustee, or any other party on any basis, including, without limitations, proceedings to determine dischargeability of debts.
 - k. Appeals to the BAP, District Court of Court of Appeals.
 - l. Negotiations with Check Systems regarding Client.
 - m. Mailing fee for clients who do not have email.
18. Client understands that certain debts cannot be discharged in bankruptcy. Client agrees that Client is still liable to repay any debt not discharged in Clients bankruptcy. Client understands that the debts listed below are common examples of the types of debts that cannot be discharged in bankruptcy. Client further understands that the list of non-dischargeable debts may be expanded by legislation or court decisions and Attorney has no control over the type of debts that may be or become non-dischargeable.
- a. Taxes due to the IRS.
 - b. Student loans as defined by statute.
 - c. Debts owed for spousal or child support.
 - d. Debts owed to the spouse, former spouse, or child in a domestic relations proceeding.

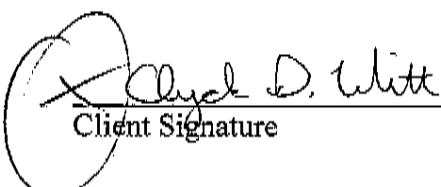
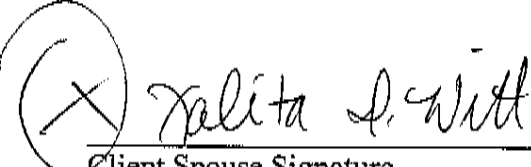
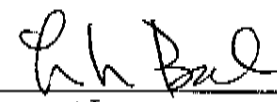
Linda Bal Law Inc.

Bankruptcy Retainer Agreement

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- e. Debts arising from a previous bankruptcy wherein discharge of that particular debt was waived.
 - f. Debts owed for money, property, services, extension-or-removal, or refinancing of credit, if obtained by false pretenses, or false representations, or actual fraud.
 - g. Consumer debts for luxury goods obtained within ninety (90) days of the date of filing of the bankruptcy petition.
 - h. Cash advances obtained within seventy (70) days of the date of the filing of the bankruptcy petition.
 - i. Debts owed for fraud or defalcation while acting in a fiduciary capacity, or embezzlement or larceny.
 - j. Debts owed for fines, penalties, or forfeitures payable to and for the benefit of governmental entity.
 - k. Debts owed for death or personal injury arising from the operation of a motor vehicle, boat, or aircraft while intoxicated by drugs or alcohol.
19. **Client understands that filing bankruptcy does not automatically discharge or remove liens from any real estate.** Client agrees that the Attorney will not take any action to avoid (remove) any lien on real estate unless Client specifically authorizes the Attorney to do so in writing. **Client agrees that the Attorney will rely on Clients statements concerning ownership of real property and any liens attached to Clients real property.** Client agrees that no real estate title search will be conducted. Client agrees that Attorney will not conduct a public records search for lawsuits filed against Client or judgments granted against Client. Client must separately order and pay for a real estate title search, or public records search for lawsuits or judgments, if Clients wishes to obtain one. **Client agrees to hold the Attorney harmless if client later discovers liens, lawsuits or judgments against Client or against Clients real estate.**
20. Client understands that individuals who file for relief under Chapter 7 or Chapter 13 of the Bankruptcy Code are subject to audits by the U.S. Trustee. If Clients case is selected for an audit, Client agrees to pay Attorney the customary hourly rate for representing Client in such audit.
21. Client acknowledges that Client has read and understands all the terms contains in this Bankruptcy Retainer Agreement and that, whether written, spoken, recorded or transcribed by any other means, no other terms are made part of this Bankruptcy Retainer Agreement. Client is in agreement with the terms of this agreement and has signed on the signature lines below. Client further acknowledges that Client has received a copy of this Bankruptcy Retainer Agreement.
22. Client's file will be closed without a refund if case not filed within nine (9) months of opening, due to client's delay in furnishing paperwork or paying the required fees and costs.

Case 15-29919 Doc 1 Filed 08/31/15 Entered 08/31/15 18:36:53 Desc Main Document Page 71 of 83

Linda Bal Law Inc.
Bankruptcy Retainer Agreement
Page 6 of 6Dated: 4-22-15
Client SignatureClyde D. WITT
Client Printed Name
Client Spouse SignatureXALITA WITT
Client Spouse Printed Name
Attorney at LawW XALITA WITT@ yahoo, com
Client Email Address H DAWAYNE XALITA WITT@ yahoo.comClient Phone Number 6-687-2067

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Clyde D. Witt
Xalita Ibardolasa Witt**

Debtor(s)

Case No.

Chapter

7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Clyde D. Witt
Xalita Ibardolasa Witt**

Printed Name(s) of Debtor(s)

X **/s/ Clyde D. Witt**

Signature of Debtor

August 31, 2015

Date

Case No. (if known)

X **/s/ Xalita Ibardolasa Witt**

Signature of Joint Debtor (if any)

August 31, 2015

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Northern District of Illinois**

In re **Clyde D. Witt
Xalita Ibardolasa Witt**

Debtor(s)

Case No.
Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **84**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **August 31, 2015**

/s/ Clyde D. Witt

Clyde D. Witt

Signature of Debtor

Date: **August 31, 2015**

/s/ Xalita Ibardolasa Witt

Xalita Ibardolasa Witt

Signature of Debtor

A. Gwen Noble M.D.
39601 Treasury Center
Chicago, IL 60694

AFNI
PO BOX 3097
BLOOMINGTON, IL 61702

Alexian Brothers Medical Center
22589 Network Place
Chicago, IL 60673-1225

Alliance One Receivables Management
PO BOX 3100
Southeastern, PA 19398-3100

ALLY FINANCIAL
200 RENAISSANCE CTR
DETROIT, MI 48243

Ann & Robert H.Lurie
Children's Hospital of Chicago
PO BOX 4066
Carol Stream, IL 60197-4066

ARS
PO BOX 469046
Escondido, CA 92046-9046

Associated Pathology Consultants
P.O. Box 3680
Peoria, IL 61612-3680

Bank of America
PO BOX 53181
Phoenix, AZ 85072-3181

Bank of America
PO Box 15019
Wilmington, DE 19886

Better Homes and Garden billling
1716 Locust St.
Des Moines, IA 50309

BK OF AMER
PO BOX 982235
EL PASO, TX 79998

Brian Bushnell
10767 Santa Fe Trail
Huntley, IL 60142

Bureau of Account Management
PO BOX 8875
Camp Hill, PA 17001-8875

Business Revenue Systems
PO BOX 579
Burlington, IA 52601-0579

CAB Services
PO BOX 2668
Joliet, IL 60434

Cach Llc/Square Two Financial
ATTENTION: BANKRUPTCY
4340 SOUTH MONACO ST. 2ND FLOOR
DENVER, CO 80237

Capital Management Services
698 1/2 S. Ogden St.
Buffalo, NY 14206-2317

Capital One
ATTN: BANKRUPTCY
PO BOX 30285
SALT LAKE CITY, UT 84130

Carmax Auto Finance
ATTN: BANKRUPTCY
PO BOX 440609
KENNESAW, GA 30160

Centegra Health System
PO BOX 7701
Carol Stream, IL 60197

Centegra Hospital--Woodstock
P.O. Box 1990
Woodstock, IL 60098-1990

Centegra Physician Care LLC
PO BOX 187
Bedford Park, IL 60499-0187

Chase Receivables
1247 Broadway
Sonoma, CA 95476

Children's Memorial Medical GR
PO BOX 4254
Carol Stream, IL 60197-4254

CIMPAR SC
1111 Superior St. Ste 104
Melrose Park, IL 60160

Computer Credit Inc.
Claim Dept. 003482
640 W. 4th St., PO Box 5238
Winston Salem, NC 27113-5238

Credit Collection Services
Two Wells Avenue
Newton, MA 02459

Dependon Collection Service
P.O. Box 4833
Oak Brook, IL 60522-4833

Diversified Consultants
PO BOX 551268
Jacksonville, FL 32255-1268

Elmhurst Clinic
div.of Elmhurst Memorial Healthcare
25847 Network Place
Chicago, IL 60673-1258

Elmhurst Clinic
div.of Elmhurst Memorial Healthcare
Dept. 4585
Carol Stream, IL 60122-4585

Elmhurst Emergency Med Srvs
1165 Paysphere Circle
Chicago, IL 60674-0011

Elmhurst Memorial Affiliated Primar
d/b/a Primary Care Associates
25847 Network Place
Chicago, IL 60673-1258

Elmhurst Memorial Hospital
PO BOX 4052
Carol Stream, IL 60197-4052

Elmhurst Memorial Hospital
PO BOX 4052
Carol Stream, IL 60197

Elmhurst Memorial Professional Svcs
25847 Network Place
Chicago, IL 60673

Elmhurst Radiologists, SC
P.O. Box 1035
Bedford Park, IL 60499

ER Solutions, Inc.
P.O. Box 9004
Renton, WA 98057

First Energiey Solutions
PO BOX 3622
Akron, OH 44309

First National Collection Bureau
PO BOX 51660
Sparks, NV 89435

FIRST PREMIER BANK
601 S MINNESOTA AVE
SIOUX FALLS, SD 57104

First Step Group
6300 Shingle Creek Pkwy., Ste. 220
Brooklyn Center, MN 55430

Global Credit & Collection Corp.
5440 N. Cumberland Ave., Ste. 300
Chicago, IL 60656

GRANT & WEBER
ATTN: BANKRUPTCY
26575 W. AGOURA RD.
CALABASAS, CA 91302

H & R ACCOUNTS INC
ATTENTION: BANKRUPTCY
PO BOX 672
MOLINE, IL 61265

H&R Accounts, Inc.
7017 John Deere Pkwy.
PO BOX 672
Moline, IL 61266-0672

Harris & Harris
111 W. Jackson Blvd., Ste. 400
Chicago, IL 60604-4135

HealthPort
PO BOX 409900
Atlanta, GA 30384

HRRG
PO BOX 5406
Cincinnati, OH 45273-7942

ICS
P.O. Box 1010
Tinley Park, IL 60477-9110

Illinois Spine Institute
1990 E. Algonquin Rd.
Ste. 160
Schaumburg, IL 60173

Illinois State University
Attn: Student Accounts
Campus Box 1210
Normal, IL 61790-1210

INTEGRITY SOLUTION SVC
PO Box 1850
Saint Charles, MO 63302

John C. Bonewicz
350 N. Orleans St., Ste.300
Chicago, IL 60654

LTD Financial Services, L.P.
7322 Southwest Freeway, Ste. 1600
Houston, TX 77074-2053

Malcolm Gerald & Assoc.
332 S. Michigan Ave., Ste. 600
Chicago, IL 60604

Medical Billing Solutions Services
335 Morganza Rd., Ste. 200
Canonsburg, PA 15301

Medical Recovery Specialists, Inc.
2250 E. Devon Ave., Ste. 352
Des Plaines, IL 60018

Mercantile Adjustment Bureau
P.O. Box 9055
Williamsville, NY 14231-9055

Midwest Diagnostic Pathology
75 Remittance Dr., Ste. 3070
Chicago, IL 60675-3070

MiraMed Revenue Group
Dept. 77304
P.O. Box 77000
Detroit, MI 48277-0304

NCO Financial Systems
3005 Grape Rd., Ste. A
Mishawaka, IN 46545

NCO Financial Systems
507 Prudential Rd.
Horsham, PA 19044

NCO Financial Systems
30600 Telegraph Rd., Ste. 4235
Bingham Farms, MI 48025

North Shore Agency-ND4
PO BOX 9205
Old Bethpage, NY 11804-9005

Northland Group Inc.
PO BOX 390846
Minneapolis, MN 55439

Pediatric Critical Care Specialists
PO BOX 2698
Carol Stream, IL 60132

Pellettieri
991 OAK CREEK DR
LOMBARD, IL 60148

PORTFOLIO RECOVERY ASS
287 INDEPENDENCE
VIRGINIA BEACH, VA 23462

RLT Neurologic Assoc.
Dept. 2010 PO BOX 87916
Carol Stream, IL 60188-7916

RMCB
PO BOX 1235
Elmsford, NY 10523-0935

Rosecrance Inc.
PO BOX 71662
Chicago, IL 60694-1662

Samantha Gloway
130 Sixth Ave.
Marengo, IL 60152

State Farm
Attn: Claims
PO BOX 680001
Dallas, TX 75368-0001

STELLAR RECOVERY INC
1327 HIGHWAY 2 WES
KALISPELL, MT 59901

Superior Air Ground Amb Serv
PO BOX 1407
Elmhurst, IL 60126

The CBE Group Inc.
Payment Processing Ctr.
PO BOX 2337
Waterloo, IA 50704-2337

The CBE Group Inc.
Payment Processing Ctr.
PO BOX 480
Waterloo, IA 50704-0480

United Collection Bureau
5620 Southwyck Blvd. Suite 206
Toledo, OH 43614

United Recovery Service
18525 Torrence Ave., Ste. C6
Lansing, IL 60438

Van Ru
P.O. Box 1366
Des Plaines, IL 60017

Van Ru Credit Corp.
P.O. Box 1366
Des Plaines, IL 60017

Windham Professionals
PO BOX 1048
Salem, NH 03079-1048